

Atty. Dkt. No. 036762-0103/

NITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kathleen K. MARTIN

Title:

PROPHYLACTIC DEVICE

Appl. No.:

10/724,864

Filing Date:

12/2/2003

Examiner:

Kathleen K. MARTIN

Art Unit:

1732

Conf. No.:

1602

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [X] The fee required for additional claims is calculated below:

	Claims As				Extra				
			Previously		Claims		·		Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	16	-	72	=	0	х	\$50.00	=	\$0.00
Independent Claims:	1	-	6	=	0	x	\$200.00	=	\$0.00
First p	presentation of	of ar	ny Multiple I	Deper	ndent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FEI	E TOTAL	=	\$0.00

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60.00 OP

[X] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[X] Extension for response	Extension for response filed within the first month: \$120.00			
[] Extension for response	for response filed within the second month: \$450.00			
[] Extension for response	filed within the third month:	\$1,020.00	\$0.00	
[] Extension for response	filed within the fourth month:	\$1,590.00	\$0.00	
[] Extension for response	filed within the fifth month:	\$2,160.00	\$0.00	
	\$120.00			
[] Statutory Disclaimer I	Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00	
-	S, EXTENSION AND DISCLAI	MER FEE TOTAL:	\$120.00	
[X]	Small Entity Fees Apply (su	ibtract ½ of above):	\$60.00	
Extension Fees Previously Paid:			\$0.00	
	\$60.00			

A credit card payment form in the amount of \$60.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

FOLEY & LARDNER LLP

Customer Number: 22428 Telephone:

(202) 672-5428

Facsimile:

(202) 672-5399

Mary Michelle Kile
Attorney for Applicant
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